

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Allstate Insurance Company PAC

ADDRESS (number and street)

2775 Sanders Road Suite A2W

☐ Check if different than previously reported. (ACC)

Northbrook

IL

60062

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00040253

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mario Rizzo

Signature of Treasurer

Mario Rizzo

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		50461.20
(b) Cash on Hand at Beginning of Reporting Period.....	50461.20	
(c) Total Receipts (from Line 19)	22677.34	22677.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	73138.54	73138.54
7. Total Disbursements (from Line 31)	20246.80	20246.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	52891.74	52891.74
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2013

To:

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date
11. Contributions (other than loans) From:**(a) Individuals/Persons Other**

Than Political Committees

(i) Itemized (use Schedule A).....

1494.70

1494.70

(ii) Unitemized

21182.64

21182.64

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

22677.34

22677.34

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

22677.34

22677.34

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds**(a) Non-Federal Account**

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶**

22677.34

22677.34

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

22677.34

22677.34

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	186.80	186.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	186.80	186.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	7000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	13060.00	13060.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20246.80	20246.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20246.80	20246.80

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	22677.34	22677.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22677.34	22677.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	186.80	186.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	186.80	186.80

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F3XN

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Donald J Bailey

Mailing Address 27 Kitchell Road

City

Morristown

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

PRES-EB-Emerging Business

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

237.70

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 25 / 2013

Transaction ID : A2013-70319

Amount of Each Receipt this Period

118.85

Full Name (Last, First, Middle Initial)

B. CATHERINE S BRUNE

Mailing Address 190 SAVANNA CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-SAL-Regional Presiden

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

376.92

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 25 / 2013

Transaction ID : A2013-70063

Amount of Each Receipt this Period

188.46

Full Name (Last, First, Middle Initial)

C. WILLIAM G HILL

Mailing Address 2935 GLENARYE DRIVE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-PRD-Customer Advocacy

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

261.54

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 25 / 2013

Transaction ID : A2013-70055

Amount of Each Receipt this Period

130.77

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

438.08

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 8 OF 18

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Katherine A Mabe

Mailing Address 1801 Tower Drive

 City
 Glenview

 State
 IL

 Zip Code
 60026

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-SAL-Regional Presiden

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	3

Transaction ID : A2013-70327

Amount of Each Receipt this Period

106.15

Full Name (Last, First, Middle Initial)

B. STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

 City
 WHEATON

 State
 IL

 Zip Code
 60189

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SMT-FSS-Chief Financial O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	3

Transaction ID : A2013-70146

Amount of Each Receipt this Period

138.46

Full Name (Last, First, Middle Initial)

C. STEVEN C VERNEY

Mailing Address 37144 FOX HILL DR

 City
 WADSWORTH

 State
 IL

 Zip Code
 60083

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-FSS-Chief Risk Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	3

Transaction ID : A2013-70018

Amount of Each Receipt this Period

137.00

SUBTOTAL of Receipts This Page (optional)..... ►

381.61

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 18

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City	State	Zip Code
CHICAGO	IL	60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
CEO

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

253.85

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 11 / 2013

Transaction ID : A2013-68114

Amount of Each Receipt this Period

253.85

Full Name (Last, First, Middle Initial)

B. THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City	State	Zip Code
CHICAGO	IL	60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
CEO

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

507.70

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 25 / 2013

Transaction ID : A2013-70224

Amount of Each Receipt this Period

253.85

Full Name (Last, First, Middle Initial)

C. Matthew E Winter

Mailing Address 70 Ferncliff Drive

City	State	Zip Code
West Hartford	CT	06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
EVP-PC-Pres Auto Home &

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

334.62

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 25 / 2013

Transaction ID : A2013-70323

Amount of Each Receipt this Period

167.31

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

675.01

1494.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Republican Majority Fund

Mailing Address PO Box 144

City	State	Zip Code
Alexandria	VA	22313

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: GA District:

Disbursement For: 2013

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		07		2013

Transaction ID : B446148

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Rodney Davis for Congress

Mailing Address 499 S. Capitol St. SW #420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

Candidate Name

Rodney Davis

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 13

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2013

Transaction ID : B446886

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kirk for Senate

Mailing Address 3701 Connecticut Ave. NW #404

City	State	Zip Code
Washington	DC	20008

Purpose of Disbursement
Contribution

Candidate Name

Mark Kirk

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District:

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2013

Transaction ID : B446889

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Friends of Pat Toomey

Mailing Address 499 S. Capitol St. SW Ste. 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

011

Candidate Name

Pat ToomeyCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2013

Transaction ID : B446890

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Jeb Hensarling

Mailing Address PO Box 820504

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement
Contribution

011

Candidate Name

Jeb HensarlingCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2013

Transaction ID : B446887

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Capito for West Virginia

Mailing Address 1006 Pendleton Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contribution

011

Candidate Name

Shelley Moore CapitoCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2013

Transaction ID : B446888

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Vote Livingston LD22

Mailing Address 29239 North 122nd Drive

City	State	Zip Code
Peoria	AZ	85383

Purpose of Disbursement
O-2014 State House 22 AZ

011

Candidate Name

David LivingstonCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Election Cycle

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2013

Transaction ID : B446149

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

B. Citizens for Althoff

Mailing Address PO Box 2275

City	State	Zip Code
Crystal Lake	IL	60039

Purpose of Disbursement
P-2016 State Senate 32 IL

011

Candidate Name

Pamela AlthoffCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District: Election Cycle

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2013

Transaction ID : B446150

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

C. Citizens for Bivins

Mailing Address 416 Squires Avenue

City	State	Zip Code
Dixon	IL	61021

Purpose of Disbursement
P-2014 State Senate 45 IL

011

Candidate Name

Tim BivinsCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District: Election Cycle

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2013

Transaction ID : B446151

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1600.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Friends of Dan Brady

Mailing Address 2425 East Lincoln Street

City	State	Zip Code
Bloomington	IL	61701

Purpose of Disbursement
P-2014 State House 88 IL

011

Candidate Name

Dan BradyCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		07		2013

Transaction ID : B446160

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Friends of Clayborne

Mailing Address 133 Longmeade Drive

City	State	Zip Code
O'Fallon	IL	62269

Purpose of Disbursement
P-2014 State Senate 57 IL

011

Candidate Name

James F Clayborne Jr.Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		07		2013

Transaction ID : B446152

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Friends of John D'Amico

Mailing Address 4406 W Lawrence Ave.

City	State	Zip Code
Chicago	IL	60630

Purpose of Disbursement
P-2014 State House 15 IL

011

Candidate Name

John D'AmicoCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		07		2013

Transaction ID : B446161

Amount of Each Disbursement this Period

700.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2200.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Friends of Monique Davis

Mailing Address PO Box 43637

City	State	Zip Code
Chicago	IL	60643

Purpose of Disbursement
P-2014 State House 27 IL

011

Candidate Name

Monique DavisCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		07		2013

Transaction ID : B446162

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Citizens for Kirk Dillard

Mailing Address 105 S. York Suite 500

City	State	Zip Code
Elmhurst	IL	60126

Purpose of Disbursement
P-2014 State Senate 24 IL

011

Candidate Name

Kirk W. DillardCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		07		2013

Transaction ID : B446153

Amount of Each Disbursement this Period

1060.00

Full Name (Last, First, Middle Initial)

C. Friends of Don Harmon

Mailing Address 1243 Woodbine Suite 102

City	State	Zip Code
Oak Park	IL	60302

Purpose of Disbursement
P-2014 State Senate 39 IL

011

Candidate Name

Don HarmonCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		07		2013

Transaction ID : B446154

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2560.00

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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Allstate Insurance Company PAC

750.00

750.00

2200.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Allstate Insurance Company PAC

A. Friends of Sue Rezin

Three 3D perspective views of the top of the device showing the month, day, and year settings. The first view shows the month set to '01' (January) with 'M' indicators above. The second view shows the day set to '07' with 'D' indicators above. The third view shows the year set to '2013' with 'Y' indicators above.

011

750.00

Sue Rezin

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. Friends of Pam Roth

M M / D D / Y Y Y Y
01 07 2013

011

600.00

Pam Roth

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

C. Silverstein for Senator

011

600.00

Ira I Silverstein

☒ Primary ☐ General
Other (specify) ▼

State: District:

1950.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Syverson for Senate

Mailing Address 200 South Wyman St. Suite 302

City	State	Zip Code
Rockford	IL	61101

Purpose of Disbursement
P-2016 State Senate 35 IL

011

Candidate Name

Dave SyversonCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	07	/	2013

Transaction ID : B446159

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Citizens for Unes

Mailing Address 3000 N. Main St. PO Box 8171

City	State	Zip Code
East Peoria	IL	61611

Purpose of Disbursement
P-2014 State House 91 IL

011

Candidate Name

Mike UnesCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	07	/	2013

Transaction ID : B446165

Amount of Each Disbursement this Period

550.00

Full Name (Last, First, Middle Initial)

C. Cmte. to Re-Elect Robert L. Johnson III

Mailing Address 21 Vaughn Drive

City	State	Zip Code
Natchez	MS	39120

Purpose of Disbursement
P-2015 State House 94 MS

011

Candidate Name

Robert JohnsonCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	07	/	2013

Transaction ID : B446167

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2050.00

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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Allstate Insurance Company PAC

A. Cmte. to Re-Elect Willie Simmons

Mailing Address PO Box 297

City	State	Zip Code
Cleveland	MS	38732

Purpose of Disbursement
P-2015 State Senate 13 MS

Candidate Name

Willie L Simmons

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2015

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

Three 3D perspective views of the top of the device showing the month, day, and year settings. The first view shows the month set to '01' (January) with 'M' indicators above. The second view shows the day set to '07' with 'D' indicators above. The third view shows the year set to '2013' with 'Y' indicators above.

Transaction ID : B446166

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name	
1	1
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3	3
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98	98
99	99
100	100

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical supports. The top beam has several small rectangular protrusions along its length. The bottom beam has several small rectangular protrusions along its length, with some of them being larger and more prominent than others.

SUBTOTAL of Disbursements This Page (optional).....

500.00

TOTAL This Period (last page this line number only).....

13060.00